

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38421

STATE FILE NUMBER

Registration District No. 317Primary Registration District No. 531Registrar's No. 2512

1. PLACE OF DEATH a. COUNTY <u>Mo. St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>University City</u>				c. CITY OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1234 Waldron</u>				Length of stay in lb <u>4 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>7466 Drexel</u>	
3. NAME OF DECEASED (Type or print) First <u>CELIA</u> Middle <u>VOGEL</u> Last <u>VOGEL</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>9</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Unk.</u>	
9. AGE (In years last birthday) <u>ab. 89</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u> Hours <u>6</u> Min. <u>6</u>		IF UNDER 24 HRS. Months <u>6</u> Days <u>6</u> Hours <u>6</u> Min. <u>6</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and state or country) <u>Roumania</u>	
13. FATHER'S NAME <u>Harry Rosenthal</u>				14. MOTHER'S MAIDEN NAME <u>Pauline (unk)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. S. Lever 7466 Drexel</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Senility, extreme</u>							INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u> <u>many years</u> <u>many years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>a. m.</u> Month, Day, Year <u>p. m.</u>				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY <u>University City, Mo.</u> STATE <u>Mo.</u>			
21. I attended the deceased from <u>12-1-56</u> to <u>10-8-57</u> and last saw <u>her</u> alive on <u>10-8-57</u> Death occurred at <u>4:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. F. Roufa M.D.</u> (Degree or title)				22b. ADDRESS <u>539 North Grand, St. Louis</u>		22c. DATE SIGNED <u>10-10</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>10/13/57</u>		<u>Chesed Shel Emeth</u>		<u>University City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Berger Memorial</u> ADDRESS <u>4715 McPherson</u>				25. DATE RECD. BY LOCAL REG. <u>10-11-57</u>		26. REGISTRAR'S SIGNATURE <u>Robert R. Donke, M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

St. Louis

No.

University City

University City

1234 Wabash

St. Louis

Oct. 9, 1927

VOGAL

CEZIA

ap. 89

UNK.

x

White

Female

USA

Roumania

Housewife

Pauline (m)

Harry Rosenthal

1234 Wabash St. Louis

Mo

No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Licensed Embalmer No. 398

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Notary Public for St. Louis